

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 124
Registered No. 198

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Globe or Village _____
City Globe No. Lady Auto Camp St. _____ Ward _____
If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Clinton Leonard Briggs If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Oct. 2nd 1930
Month Day Year

8. FATHER
Full name George K. Briggs
9. Residence (Usual place of abode) United Vanadium mine
If non-resident, give place and state. Globe Ariz

10. Color or race White 11. Age at last birthday 44 (Years)

12. Birthplace (city or place) Prescott
(State or country) Arizona

13. Occupation Engineer
Nature of industry mining

14. MOTHER
Full maiden name Ella Brown

15. Residence (Usual place of abode) United Vanadium mine
If non-resident, give place and state. Globe Ariz.

16. Color or race White 17. Age at last birthday 44 (Years)

18. Birthplace (city or place) Prescott
(State or country) Arizona

19. Occupation House wife
Nature of industry

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:25 PM m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature G. E. Weyhman (Physician or Midwife).

Given name added from a supplemental report _____ Address Globe Ariz
Month, day, year

Filed 11/9 1930 G. E. Weyhman Registrar

322-1002-525